

## BEST AVAILABLE COPY

~~DO NOT FILE~~  
MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION STATE  
(FOR USE WITH FORM PTO-1360)

10/01 9049

FILING DATE

APPLICANT(S)

3-01-603 CLAIMS

#	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1					1							
2												
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50												
TOTAL IND.					1		2					
TOTAL DEP.					5		14					
TOTAL CLAIMS					0		16					